



Glass City Invitational

Saturday, May 10, 2008

Judan Judo of Toledo, Inc.



The Judo Events will consist of Junior and Senior Kata, and Junior, Senior and Master Shiai. This tournament is open to all players who possess a valid USJA, USJI, USJF or Foreign Federation membership card.

Sponsored and Hosted by:	United States Judo Association Judan Judo of Toledo, Inc.
Competition Site:	Fraternal Order of Police Lodge 540 Independence Road, Toledo, OH 43607
Registration & Weigh In:	Fraternal Order of Police Lodge Saturday, May 10, 2008 Time: 8:30 - 10:00 a.m.
Registration & Pairings Directors: Any Registration inquires please contact Pairings Directors	Russ Burke 419-215-3915 James Adkins 419-509-7738
Tournament Directors:	Gary Monto 419-283-6319

Download complete flyer and forms from our Web Site:
JudanJudoToledo.com

REGISTRATION, ENTRY FEES, TOURNAMENT CHECK-IN

All official entry forms and waivers must be fully completed and properly signed and sent with the entry fees to Judan Judo of Toledo, PO Box 50536, Toledo, OH 43605.

Early-registration: Postmarked by 4/26/2008

Shiai - \$25 for up to 2 divisions	\$10 for each additional division after 2 division
Kata - \$40 Per Team	\$20 per team each additional Kata

Day of registration: Glass City Invitational

Shiai - \$35 for up to 2 divisions	\$15 for each additional division after 2 division
Kata - \$50 Per Team	\$20 per team each additional Kata

ALL ENTRY FEES ARE NON-REFUNDABLE

RULES

The Glass City Invitational will be held in accordance with the Contest Rules, Organization Code, and Sporting Code of the International Judo Federation. These rules include, but are not limited to draw, length of matches, and competition procedures. The weigh-in is the only modification to the IJF rules for the event.

- * **Injury Rule:** Decisions as to whether an athlete may continue if injured while on the mat, are to be resolved in accordance with IJF rules; such decisions occurring off the mat or not covered by the IJF rules, are to be made by the coach, athlete, and team doctor. If there is not a unanimous opinion among these three individuals, the athlete **may not** continue.
- * **Match Length:** Five (5) minutes for both senior male and female categories. Three (3) minutes for all junior and master categories.
- * **Golden Score:** The “Golden Score” overtime will be in force for all matches. If a match is tied at the end of the regulation time period, the scoreboard will be cleared and the athletes will play another time period in accordance with their category. The winner will be the first athlete to score, (including penalties against his/her opponent).
- * **Weigh-In:** The weigh-in for the all Judo events will take place only on Saturday, May 10, 2008, 8:30 - 10:00 a.m. The athlete’s measured weight will be used for the purposes of the draw, i.e., the athlete does not have to make their declared weight. This is a slight modification from the IJF rules but has been the standard practice for the Glass City Invitational Tournament.
- * **Elimination system:** Categories having five (5) competitors or less shall compete in a Round Robin Pool, (every competitor competes against every other competitor). Categories having six (6) competitors or more shall be placed into pools and the Full Double Elimination System shall be used.

Glass City Invitational JUDO SHIAI ENTRY FORM

Complete and Mail With Entry Fee To:
Judan Judo of Toledo, Inc., P.O. Box 50536, Toledo, OH 43605

FOR USE BY TOURNAMENT STAFF ONLY

Date Received _____ Amount Received \$ _____ Received By: _____
Payment Method Cash Money Order Check Ck# _____
Credit Card Visa MC **Processed** Yes Processed by _____

ONE ENTRY FORM NEEDED FOR EACH DIVISION ENTERED

ENTRY FEES

Received By	Shiai Cost (first 2 divisions)	Extra Divisions	# of Divisions	Amount Paid
Before 4/26/2008	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	_____	\$ _____
Day of 5/10/2008	<input type="checkbox"/> \$35	<input type="checkbox"/> \$15	_____	\$ _____

COMPETITOR INFORMATION

Name (Last) _____ (First) _____
Address _____ e-mail: _____
City _____ State _____ Country _____ Zip Code _____
Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____ (Weight) _____
Parent(s)/Legal Guardian(s) _____ Phone: _____
Club Name _____ Instructor's Name _____
Club e-mail: _____ Judo Rank _____
USJA # _____ USJI # _____ USJF # _____ Foreign # _____

**I NEED A USJA
MEMBERSHIP CARD
(Please Circle)**

DIVISIONS (Please check one)

- Junior Male Junior Female
 Senior Male Senior Female
 Masters Male Maters Female

Senior & Masters (please check one)

- Novice Brown Belt Black Belt

**TOURNAMENT DIRECTORS
RESERVE THE RIGHT TO
CHANGE DIVISIONS DEPENDING
ON NUMBER OF ENTRIES**

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, (name of Instructor), _____ a judo black belt and instructor who has been awarded the rank of Shodan or higher hereby certifies that _____ although not having been awarded the rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this event.

Signature of Instructor _____ Date _____

PROOF OF BLACK BELT RANK REQUIRED; ENCLOSE A COPY OF RANK CERTIFICATE

**Glass City Invitational
JUDO KATA ENTRY FORM**

Complete and Mail With Entry Fee To:
 Judan Judo of Toledo, Inc., P.O. Box 50536, Toledo, OH 43605

FOR USE BY TOURNAMENT STAFF ONLY

Date Received _____ Amount Received \$ _____ Received By: _____
Payment Method Cash Money Order Check Ck# _____
Credit Card Visa MC **Processed** Yes Processed by _____

Please fill out Per Team, One form for each Kata they are entering.

KATA ENTRY FEES

Received By	Kata Cost	Additional Kata	# of Katas	Amount Paid
Before 4/26/2008	<input type="checkbox"/> \$40	<input type="checkbox"/> \$10 Each Kata	_____	\$ _____
Day of: 5/10/2008	<input type="checkbox"/> \$50	<input type="checkbox"/> \$20 Each Kata	_____	\$ _____

Each KATA partner must fill out a separate Waiver and Medical form

- Nage No Kata Katame No Kata Ju No Kata Goshin Jitsu No Kata
 Kime No Kata Itsusu No Kata Koshiki No Kata

DIVISIONS:

- Junior Male Team Junior Female Team Junior Mixed Team
 Senior Male Team Senior Female Team Senior Mixed Team

Tori's Name (Last): _____ (First): _____
 Address: _____ e-mail _____
 City: _____ State: _____ Country: _____ Zip: _____
 Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____
 Judo Rank _____ Instructor's Name _____
 Club Name _____ Club Address _____
 City _____ State _____ Country _____ Zip _____
 USJA # _____ USJI # _____ USJF # _____ Foreign # _____
 Daytime Phone _____ Evening Phone _____
 Parent(s)/Legal Guardian(s) _____

Uki's Name (Last): _____ (First): _____
 Address: _____ e-mail _____
 City: _____ State: _____ Country: _____ Zip: _____
 Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____
 Judo Rank _____ Instructor's Name _____
 Club Name _____ Club Address _____
 City _____ State _____ Country _____ Zip _____
 USJA # _____ USJI # _____ USJF # _____ Foreign # _____
 Daytime Phone _____ Evening Phone _____
 Parent(s)/Legal Guardian(s) _____

Glass City Invitational

WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including Travel to and from the Glass City Invitational and related

events and activities of United States Judo, Inc.(USJI), USA Judo, United States Judo Federation Inc.(USJF), United States Judo Association Inc.(USJA), Fraternal Order of Police Lodge, Judan Judo of Toledo Inc, and the Glass City Invitational Staff.

I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, in-actions, or negligence, but also to the actions, in-actions, or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the Glass City Invitational, United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., Fraternal Order of Police Lodge, Judan Judo of Toledo Inc., and the Tournament Staff together with their affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise to the fullest extent permitted by law.

I have read the above warning, waiver and release, understand that I give up substantial rights by signing it, and knowing this, sign it voluntarily. I agree to participate knowing the risk and conditions involved and do so entirely of my own free will. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signature below

Participant's Printed Name

Participant's Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE OF 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the underlined participant as to the above warnings and conditions and their ramifications.

Parent's Printed Name

Parent's Signature

Date

**Glass City Invitational
MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR
EMERGENCY MEDICAL NOTICE**

Contestant's Name (Last): _____ (First): _____

Address: _____
City: _____ State: _____ Country: _____ Zip: _____
Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____
Daytime Phone _____ Evening Phone _____
Parent(s)/Legal Guardian(s) _____
In emergency, parent(s)/guardian(s) can be reached at (_____) _____

I, (we), the undersigned parent(s)/guardian(s) of _____ a minor, do hereby authorize the UNITED STATES JUDO ASSOCIATION, ITS TOURNAMENT DIRECTOR, REFEREE DIRECTOR, AND ANY AND ALL ORGANIZERS, PROMOTERS, OFFICERS, STAFF, REFEREES, TOURNAMENT WORKERS AND VOLUNTEERS OF Glass City Invitational, hereafter referred to as the "Glass City Invitational," as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

PLEASE INITIAL _____

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

PLEASE INITIAL _____

This authorization is given pursuant to provisions of the Ohio Revised Code and shall remain in effect until 5/11/2008, unless sooner revoked in writing and delivered to said agent(s).

PLEASE INITIAL _____

It is understood that the parent(s)/guardian(s) of _____ are responsible for all costs that may be incurred as a result of the diagnosis, treatment or hospital care while traveling to or competing in the Glass City Invitational. It is also understood that the Championships/agent(s) will contact the parent(s)/guardian(s) at the first opportunity available, but will have the welfare of the injured minor as a first priority. In the event that the parent(s)/guardian(s) are unable to make decisions concerning the need for medical diagnosis, treatment or hospital care, either a Championships official or, in the event of a life or death threatening situation, a proper authority (police, fire, rescue, medical, etc.) will be authorized to give consent for diagnosis, treatment or hospital care.

PLEASE INITIAL _____

The undersigned has carefully read and voluntarily signed the MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR form, and further agrees that no oral representations, statements, or inducements apart from the foregoing written have been made; and that the undersigned understands that this contract constitutes a MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR.

PLEASE INITIAL _____

Signature of Participant: _____ Date: _____

If the Participant is under the age of 18 years, the signature of a Parent or Guardian is also required

Signature of Guardian: _____ Date: _____

Glass City Invitational

Coaches Information

All Coaches must register to be allowed mat side. Only 1 coach per contestant will be allowed mat side. All coaches must be certified. Coaches must be a current member of the USJA, USF, or USJI, or National

Federation for foreign coaches, with insurance in force on the day of competition.

Club Name _____
Club Address _____
City _____ State _____ Country _____ Zip _____
Daytime Phone _____ Evening Phone _____
Club E-mail Address _____

Each Judo club is allowed:

1 coach	01-05 contestants
2 coaches	06-10 contestants
3 coaches	11-20 contestants
4 coaches	21-30 contestants
5 coaches	31-40 contestants
6 coaches	41 + contestants

PLEASE PRINT

Head Coach _____	Membership # _____	E-mail _____
Coach Name _____	Membership # _____	E-mail _____
Coach Name _____	Membership # _____	E-mail _____
Coach Name _____	Membership # _____	E-mail _____
Coach Name _____	Membership # _____	E-mail _____
Coach Name _____	Membership # _____	E-mail _____

Coach's Certification, and current USJA, USJF, or USJI or National Membership card must be presented to receive your coach's badge.

All coaches will be required to dress appropriately. Dark Pants, white shirt or white polo shirt, or team warm-ups, with the coach badge affixed to the upper left of the shirt or top, and footwear of your choice.

Any coach's badges may be revoked upon request of the tournament director(s). The coach will lose access to mat side for any action deemed necessary by the tournament committee.

Glass City Invitational

Volunteer / Referee's Registration Form

Name _____

Address _____

City _____ State _____ Country _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

Volunteers

Glass City Invitational, Glass City Invitational

Set Up Registration / Weigh In Runner Kata Score Keeper

Shiai Score Keepers Shiai Pooling Shiai Timer Runner

Referee's / Judges

Glass City Invitational, Glass City Invitational

Shiai Referee

Kata Judge Katas qualified to Judge _____